

PENISTONE  
URBAN DISTRICT COUNCIL



ANNUAL REPORT

of the

Medical Officer of Health

for the Year

1969



PENISTONE URBAN DISTRICT COUNCIL

HEALTH COMMITTEE, 1969.

COUNCILLOR W. GLEDHILL, J.P. (Chairman of Committee)  
" J.B. DELAFAILLE (Vice-Chairman of Committee)  
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" Mrs. E.M. PALMER  
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" A.J. ROWLEY

STAFF OF THE HEALTH DEPARTMENT.

Medical Officer of Health.

F.C. ARMSTRONG, M.B., Ch.B., D.P.H. (St. Andrews)

Surveyor and Chief Public Health Inspector.

D. TUTIN, M.A.P.H.I., Cert. S.I.E.J.B., Cert. M. & F.I.

Assistant Surveyor and Additional Public Health Inspector.

M. DAVIES, D.P.H.I.E.B., M.A.P.H.I.

Authorised Meat Inspector.

S.J. RHODES, M.Inst.M., M.R.S.A. (Left January, 1969)

M. THORNE, M. Insp., M.T.F. Cert., M.T.C. Cert.

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THE HISTORY OF THE  
CITY OF BOSTON

FROM THE FIRST SETTLEMENT  
TO THE PRESENT TIME  
BY  
JOHN H. COLEMAN  
OF THE  
CITY OF BOSTON  
IN TWO VOLUMES  
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BOSTON: PUBLISHED BY  
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PENISTONE URBAN DISTRICT COUNCIL.

Annual Report of the Medical Officer of Health  
for the year 1969.

To the Chairman and Members of Penistone Urban District Council.

Ladies and Gentlemen,

I have the honour of presenting my Annual Report upon the Health Service of the Penistone Urban District Council for the year ended 31st December, 1969. I also include some details of Part III Services provided by the Local Health Authority during the period under review.

The Birth Rate, at 15.9, was lower than in 1968, when it was 17.9; the corrected rate is 16.5. The Death Rate was 11.4, the corrected rate being 12.0. These rates compare favourably with the national average and the West Riding Administrative County rates. The Still-birth Rate was 16.3, compared with 11.4 for 1968; this represents two still-births. The Infantile Mortality Rate was 16.5, compared with 14.7 in 1968; this represents two deaths.

The main causes of death in 1969 were heart and circulatory disease, followed closely by cancer and respiratory disease. It is apparent, as in past years, that ischaemic heart disease (mainly coronary thrombosis) and bronchitis/pneumonia produced these striking figures. Cancer of the lung shows relatively low in comparison, only one death being recorded. The case against cigarette smoking can be related equally to lung infection and heart disease as well as lung cancer, therefore these diseases should be emphasised in any discussion on smoking. Atmospheric pollution contributes to bronchitis and, therefore, to other lung infections also; thus future generations will benefit from the national smoke control programmes.

There was a dramatic drop in the incidence of notifiable disease, due mainly to only 8 cases of measles compared with 99 the previous year. Whether this is anything to do with the immunisation programme introduced in May, 1968, when vaccine became available from the Department of Health, is difficult to judge at this stage. The scheme to effectively immunise susceptible children in the district continues, and has been well supported by parents of the children.

Again, another year has gone by with no definite move to proceed with fluoridation of the water supply. I think the majority opinion is that this will be a first-class public health measure if and when it is eventually introduced.

Mr. Tutin, the Senior Public Health Inspector, has prepared that part of the report that deals with the sanitary circumstances of the area. The total number of houses in the Penistone Urban District has increased from 2,909 to 3,006, and four dwellings were declared unfit during the year. As before, approximately 98% of these houses are connected to main sewers, the remainder having satisfactory private drainage. In negotiation at the year end were new Sewage Disposal Works for Penistone and Thurlstone, improvement of sewerage in the Green Road area, and an extension of sewerage and sewage at Hoylandswaine. During the year 18 samples were taken from the public water supply for chemical analysis; these were all satisfactory. 300 samples were examined bacteriologically, and only one was found to be below standard.

In the text of the report, as in previous years, I have included some comments on the County Council's services. These are amplified each year in the County Medical Officer's Annual Report. It occurs to me that it is not easy for members to gain an all-round picture of the Public Health



services in the area without a good deal of concentrated study, and I think it may be interesting if I briefly enumerate the changes in the services and the new services provided in the divisional area over the last five years. I think it may be particularly useful to see the "state of the service" in this period, when major changes are about to take place in Local Government and the Health Service. For instance, the School Health Service has been tailored to suit present day needs by stopping routine medical examination of the four age groups, i.e. 5-years, 7-years, 10-years and 15-years. The present system now in full operation is routine examination on entering school, at 5-years of age, followed by selective examination at 7-years and 15-years. This means concentrating much more medical attention on those children who have a problem, whether it be physical or emotional. They are discovered by a comprehensive pre-medical enquiry directed at the school, the parents, the school nurses and our own medical records. In addition, we have devised a questionnaire to be completed by the teacher for each 6-year old, which is proving useful in discovering educational and emotional difficulties at an earlier age than was previously possible.

The Child Welfare Clinics also have undergone change, in two ways. Firstly, where the general practitioners have been willing to run their own Well Baby sessions, we have provided health visiting staff and food sales facilities, so that to a large extent these clinics have replaced our own, and where it is necessary to conduct our own clinics we have encouraged the nurses to undertake more of the routine work, leaving the medical staff free to concentrate on those babies with more serious physical or developmental problems. Recently a Developmental Record Card has been introduced, to tighten up our survey of these children, and to make the record-keeping as easy as possible for the health visitors and doctors.

Provision of Health Centres has made rapid strides. At present there are Centres established at Ecclesfield, Stannington and Stocksbridge. Plans are under way for three more, at Hoyland, High Green and Oughtibridge. When one considers that some of the large Southern Counties have only one or two Centres, members will appreciate how progressive is the policy of the West Riding. Naturally, the transition from clinic building/private surgery into Health Centre premises is not only an upheaval for our own staff, but for the general practitioners too. However, such problems as have arisen are minimal, and this speaks well for the goodwill of the nurses and doctors concerned. These modern buildings, with adequate space and greater professional contact, are already in my view contributing markedly to a better joint service and to the ultimate benefit of the public.

The above comments lead me on to speak of the attachment of nursing staff to specific general practices. The overall result of this has been a closer working relationship between the nurses and the doctors, and the end result as far as the Health Visitor is concerned is more work for both the nurse and the doctor, but the patient benefits by having problems followed through and properly resolved.

The Cervical Cytology Clinics have recently been changed to Well Woman Clinics. This means that in addition to having a cervical smear taken the women have their blood pressure taken, their haemoglobin estimated, their urine tested, in addition to having a full pelvic examination. These clinics operate approximately once a month, at Ecclesfield, Stocksbridge, Penistone, Hoyland and Stannington.

We now have two direct service Family Planning Clinics in the Division, one at Ecclesfield and one at Stocksbridge, with plans to establish smaller clinics at Penistone and Hoyland in the near future.

Inevitably I reach the last paragraph of my introduction, which custom dictates is devoted to thanking the Chairman, the members of the Public Health Committee and the chief officers and staff of the Council for their help and assistance with problems encountered during the year. That these compliments are repeated annually in no way diminishes their sincerity. Without such help much would remain unaccomplished. However, I would also like to pay tribute to my own staff, to thank them for their loyalty, and to remember that but for their continued efforts behind the scenes this report would not be possible.

I am,

Yours faithfully,

F.C. ARMSTRONG

Medical Officer of Health.





## DISTRICT STATISTICS IN BRIEF.

The Penistone Urban District covers an area of 5,593 acres. The district is divided into 3 parts - Penistone, Thurlstone and Hoylandswaine.

The Rateable Value of the district at 1st April, 1969 was £232,271, whilst the product of a penny rate was £892. 12s. 6d.

### VITAL STATISTICS.

#### POPULATION.

The Registrar-General has given his estimation of the population at mid-1969 as 7,630. This is an increase of 40 on the 1968 figure.

#### BIRTHS.

There were 121 live births registered in the district during the year; of these 70 were males and 51 females. There were 4 illegitimate births (3 male and 1 female).

The uncorrected BIRTH RATE was 15.9 per 1,000 of the estimated population. After application of the Comparability Factor (1.04) issued by the Registrar-General the corrected Birth Rate was 16.5.

#### STILL-BIRTHS.

There were 2 still-births (female) registered in the district during the year.

#### DEATHS.

87 deaths were attributed to the district during 1969; of these 43 were males and 44 females.

The CRUDE DEATH RATE was, therefore, 11.4 per 1,000 of the estimated population. By application of the Death Comparability Factor (1.05) the corrected rate was 12.0.

Set out below are tables of Live Birth Rates, Still-birth Rates and Crude Death Rates, with those rates for other parts of the country. From these tables it can be seen how the district compares with the country generally.

#### RATES PER 1,000 OF THE ESTIMATED POPULATION.

<u>Year.</u>	<u>England and Wales.</u>	<u>West Riding Administrative County.</u>	<u>Penistone U.D.</u>	
			<u>Crude Rate.</u>	<u>Corrected Rate.</u>
<u>LIVE BIRTHS</u>				
1969	16.3	16.9	15.9	16.5
1968	16.9	17.6	17.9	18.6
1967	17.2	18.0	16.2	16.9
1966	17.7	18.0	16.9	17.6
<u>DEATHS</u>				
1969	11.9	11.6	11.4	12.0
1968	11.9	11.6	13.3	13.4
1967	11.2	11.2	12.8	12.7
1966	11.7	12.1	13.7	13.8

<u>Year.</u>	<u>England and Wales.</u>	<u>West Riding Administrative County.</u>	<u>Penistone U.D. Crude Rate.</u>	<u>Corrected Rate.</u>
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#### STILL-BIRTHS

(Rates per 1,000 Live and Still-births)

1969	13.2	13.5	16.3	
1968	14.3	14.3	7.3	
1967	14.8	15.2	46.5	
1966	15.4	14.4	7.9	

#### INFANT MORTALITY.

There were 2 deaths of children under one year of age during 1969, equivalent to an Infantile Mortality Rate of 16.5 per 1,000 Live Births.

#### AGE DISTRIBUTION OF INFANT DEATHS.

Cause of Death.	Total									Total under 1-yr.
	Under 1-wk.	1-2 wks.	2-3 wks.	3-4 wks.	under 4-wks.	1-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	
Bronchopneumonia.	-	-	-	-	-	-	1	-	-	1
Dehydration and Gastroenteritis.	-	-	-	-	-	-	-	-	1	1
TOTALS :	-	-	-	-	-	-	1	-	1	2

#### MATERNAL MORTALITY.

There were no maternal deaths during the year.

#### EPIDEMIC DISEASES.

There were no deaths in the Epidemic Diseases (other than Tuberculosis) Group during the year.

#### PRINCIPAL CAUSES OF DEATH.

<u>CANCER.</u>	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>
Stomach	3	4	7
Lung	1	-	1
Breast	-	4	4
Other sites, including Leukaemia	2	3	5
Uterus	-	-	-
<u>DIABETES.</u>	1	2	3
<u>VASCULAR DISEASE OF NERVOUS SYSTEM.</u>	-	-	-
<u>CIRCULATORY SYSTEM.</u>			
Ischaemic Heart Disease	15	4	19
Hypertension with Heart Disease	-	1	1
Other Heart Diseases	-	6	6
Other Circulatory Disease	2	1	3
Chronic Rheumatic Heart Disease	-	2	2
Cerebro-vascular Disease	5	6	11
Anaemias	-	1	1

PRINCIPAL CAUSES OF DEATH (Contd.)

	Bt. fwd.	<u>MALE</u> 29	<u>FEMALE</u> 34	<u>TOTAL</u> 63
<u>RESPIRATORY SYSTEM.</u>				
Pneumonia		2	4	6
Bronchitis and Emphysema		5	4	9
Influenza		-	-	-
TB of Respiratory System		-	-	-
Other Diseases of Respiratory System		1	-	1
<u>DIGESTIVE SYSTEM.</u>				
Gastritis, Enteritis and Diarrhoea		1	2	3
Ulcer of Stomach and Duodenum		-	-	-
Intestinal Obstruction and Hernia		2	-	2
<u>GENITO-URINARY SYSTEM.</u>				
Hyperplasia of Prostate		1	-	1
<u>CONGENITAL ANOMALIES.</u>		-	-	-
<u>DISEASES OF MUSCULO-SKELETAL SYSTEM.</u>		1	-	1
<u>BIRTH INJURY - DIFFICULT LABOUR, etc.</u>		-	-	-
<u>VIOLENCE.</u>				
Motor-vehicle Accidents		-	-	-
Suicide		-	-	-
All other accidents		1	-	1
<u>OTHER DEFINED and ILL-DEFINED DISEASES.</u>		-	-	-
<hr/>				
All causes :		43	44	87
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AGE DISTRIBUTION OF DEATHS.

<u>AGE GROUP.</u>	<u>MALE.</u>	<u>FEMALE.</u>
Under 1 year	1	1
1 - 10 years	-	1
10 - 15 years	-	-
15 - 25 years	-	-
25 - 45 years	1	-
45 - 65 years	15	7
Over 65 years	26	35
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TOTAL :	43	44
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INQUESTS.

Two Inquests were held, and in 7 cases the cause of death was certified by the Coroner after Post-mortem Examination without inquest.



NATIONAL HEALTH SERVICE ACTS, 1946/57.

Vital Statistics.

Live Births

Number	121
Rate per 1,000 population	15.9

Illegitimate Live Births per cent of total live births 3.0

Still-births

Number	2
Rate per 1,000 total live and still-births	16.3

Total Live and Still-births 123

Infant Deaths (deaths under 1 year) 2

Infant Mortality Rates

Total infant deaths per 1,000 total live births	16.5
Legitimate infant deaths per 1,000 legitimate live births	17.0
Illegitimate infant deaths per 1,000 illegitimate live births	-

Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births) -

Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births) -

Perinatal Mortality Rate (still-births and deaths under 1 week combined per 1,000 total live and still-births) 16.3

Maternal Mortality (including abortion)

Number of deaths	-
Rate per 1,000 total live and still-births	-

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS  
AND OTHER DISEASES.

Infectious Diseases other than Tuberculosis.

During the year 25 cases of Infectious Disease were notified. They were as follows :-

Scarlet Fever	9
Measles	8
Whooping Cough	-
Dysentery	-
Food Poisoning	-
Meningitis	-
Infective Jaundice	8
	<hr/>
	25
	<hr/>

ATTACK RATE OF COMMONER INFECTIOUS DISEASES.

<u>Disease</u>	<u>England and Wales</u>	<u>West Riding Administrative County</u>	<u>Penistone U.D.</u>
Measles	2.91	1.90	1.03
Whooping Cough	0.10	0.10	0.00
Scarlet Fever	0.33	0.59	1.17
Polionyelitis (Paralytic)	0.00	0.00	0.00
Dysentery	0.46	0.27	0.00
Typhoid Fever	0.00	0.00	0.00

AGE DISTRIBUTION OF INFECTIOUS DISEASES.

DISEASE	AGE GROUP											TOTALS		
	0 - 1 yr.	1 - 2 yrs.	2 - 3 yrs.	3 - 4 yrs.	4 - 5 yrs.	5 - 10 yrs.	10 - 15 yrs.	15 - 25 yrs.	25 - 35 yrs.	35 - 45 yrs.	45 - 65 yrs.		65 yrs. & over	Age unknown
Measles	1	3	2	-	-	2	-	-	-	-	-	-	-	8
Scarlet Fever	-	-	-	1	-	6	1	-	1	-	-	-	-	9
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Jaundice	-	-	-	-	-	5	2	-	1	-	-	-	-	8
Meningitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS :	1	3	2	1	-	13	3	-	2	-	-	-	-	25



### SCARLET FEVER.

9 cases of Scarlet Fever were notified during the year, 3 less than last year. They occurred 6 in the first quarter, 2 in the second and 1 in the fourth.

Once again the biggest numbers occurred in the early school years, i.e. between 5 and 10. The treatment now available for the causal infection is still effective, with the result that the disease is mild in character.

### DIPHTHERIA.

No cases of Diphtheria were notified during 1969. During this year we continued the computer scheme for recording immunisation. As I explained in your last report, this use of the computer is designed to keep a very close check on those children who have not been immunised at the appropriate age, and to continue to issue repeat invitations to the parents to have the procedure carried out. As a result we have kept up a high rate of acceptance, namely over 90%.

The figures below do not seem to bear this out. The reason is a very complicated one, which I do not intend to even try to set out on paper. Like many other statistics, they cannot be read at their face value.

				<u>1969</u>	<u>1968</u>
Primary immunisations	...	...		771	877
'Booster' doses	...	...	...	1,751	1,121

### WHOOPIING COUGH.

No cases of Whooping Cough were notified during 1969.

The vast majority of the children who contract Whooping Cough when they have been immunised suffer the disease to a relatively mild degree; in fact, a great many children probably have the disease to such a mild degree that it is unrecognizable as clinical Whooping Cough. In the divisional area 755 children were immunised during 1969, compared with 877 during 1968. This figure is lower than that for last year, the reason being that in April of 1968 we switched over to the new Ministry recommended schedule of immunisation, which delayed primary immunisation to the age of six months.

### MEASLES.

In 1969, 8 cases were notified; this is a decrease of 91 on the figure for 1968. The attack rate, at 1.03, was much less than that of 13.04 in 1968, and is below the national figure of 2.91. Although the biannual peaks of measles have not been so clear in recent years, nevertheless the tendency to high and low on a biannual pattern has been still evident. These figures are a clearer demonstration of this.

In 1969 the measles vaccination programme got under way again, only to be almost halted by withdrawal of supplies by one major manufacturer. However, vaccination was offered to babies at the age of 16 months and to schoolchildren between 4 and 7 years of age who had not already had the disease. In the divisional area as a whole, 386 children were immunised. In 1970 we should have a clearer picture of the uptake, when there is no interruption of vaccine supply.

### POLIOMYELITIS.

There were no cases of Poliomyelitis notified during the year for your district. You will notice from the table on page 7 that there were no cases of Poliomyelitis notified for England and Wales or for the West Riding Administrative County. There can be very little doubt that this is due to the vaccination programme. Like all other vaccination programmes, once begun it is



imperative that it continue. The computer method of recording immunisation is of assistance in maintaining a high degree of vaccination, because it issues individual invitations to each child known to reside within the area. Following is given a table showing the immunisation figures for the Division as a whole.

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1969.

TABLE 1.

Completed Primary Courses - Number of persons under age 16.

Year of birth					Others under age 16	Total
1969	1968	1967	1966	1962-65		
11	693	63	-	4	1	772

The reduced number is accounted for by the change-over in the immunisation schedule.

TABLE 2.

Reinforcing Doses - Number of persons under age 16.

Year of birth					Others under age 16	Total
1969	1968	1967	1966	1962-65		
-	215	444	20	1,052	27	1,758

SMALLPOX.

There were no cases of Smallpox notified in the area in 1969. A total of 821 persons within the divisional area received primary vaccination, compared with 588 during 1968.

INFECTIVE JAUNDICE.

There were 8 cases notified - 4 in the first quarter, 2 in the third quarter and 2 in the fourth quarter.

DISEASES OF THE ALIMINARY TRACT.

No cases of Dysentery or Food Poisoning were notified.

TUBERCULOSIS.

There were 2 cases of Tuberculosis notified in 1969. Both of these had infection in their lungs.

The hard work of the hospital staff and our own, in following up contacts of the known disease and examining them for early detection of secondary disease, has continued. The Mass Radiography Service continues, whenever possible, to visit the area, but no member of the public need wait for such an occasion to arise because the Mass Radiography Centre in the city is permanently available.

### B.C.G. VACCINATION.

All children in their first year in the Secondary School were offered vaccination against Tuberculosis. 225 children were skin tested; 191 of these were vaccinated; 19, who showed a positive skin reaction, did not require vaccination; 15 were absent, and they will be offered vaccination next year. The vaccination itself causes very little trouble, and we usually have a high rate of acceptance.

B.C.G. Vaccination is one of a number of preventive measures against tuberculosis infection; the others are improving housing conditions and improving nutrition, plus a better general understanding of the vital factors in maintaining good general health. This, along with the early detection of the disease through the National Health Service, and principally the Mass Radiography Service, is the reason for the present reasonably satisfactory control of tuberculosis.

### BRUCELLOSIS.

There were no cases of Brucellosis during 1969.

Although the risk to the consumer from this disease is very small, nevertheless it can be eliminated by drinking heat-treated milk, i.e. pasteurised or sterilised milk.

### CERVICAL CYTOLOGY.

During the year we continued the service of taking cervical smears for the detection of early carcinoma of the cervix. We have continued the policy of seeking those women most at risk, i.e. over 35 years of age with 4 or more children, but have also taken in any other married women who were anxious to have the test carried out. We have not sought to publicise this very widely, but have preferred rather to seek the cases through our own nurses and through the general practitioner service, since the number of smears available is still limited, and this relative shortage of smear facilities in the laboratory is the controlling factor in the numbers we try to encourage to the clinic. The number of positive tests have been very small indeed, but we expect, as a result of having discovered these positives, that the ladies concerned will enjoy a normal life span.

### CHIROPODY SERVICE.

During 1969, 150 patients received 706 treatments at the clinic; 135 patients received 418 treatments in their own homes. This compares with 137 patients who received clinic treatment and 114 patients who received treatment at home in 1968.



## GENERAL PROVISION OF THE HEALTH SERVICES.

### HOSPITALS.

The general hospitals for the Penistone area are normally those in Barnsley and Sheffield. For some outlying parts of the district, however, the Huddersfield hospitals are more convenient.

Infectious Diseases cases are accommodated at Lodge Moor, Sheffield. Maternity cases are dealt with at the Chapeltown Maternity Home, St. Helen Hospital, Barnsley, and the Princess Royal Maternity Home, Huddersfield.

### LABORATORY FACILITIES.

The Public Health Laboratories at Wakefield and Sheffield are available to provide all the necessary investigations we may require in the epidemiological field. The respective Medical Directors are most willing to help and advise, and I am grateful to them.

### MORTUARY.

There is a Mortuary in Penistone, and this serves the surrounding area.

### AMBULANCE SERVICE.

The West Riding County Council provide ambulance facilities in accordance with the requirements of Section 27 of the National Health Service Act, 1946.

During the year no difficulty was experienced regarding staffing, and the full complement of staff of 41, plus one Station Officer, worked a three-shift system from the main operational depot at Hoyland, with an alternating shift at the new Penistone Depot, which was officially opened during 1966. There are eight vehicles at Hoyland and three at Penistone.

Liaison with all hospitals continues at a high level, and the Authority continues to work most amicably with neighbouring County Boroughs.

Ambulance calls from doctors, hospitals, institutions and members of the public, in emergencies, are received at the Station Control Room, and are competently dealt with by the efficient use of a radio-communication system, ensuring speed and economical use of the vehicles, and at the same time reducing mileage to the minimum.

The majority of the ambulance personnel are competent to render first aid, and staff are encouraged to train and obtain current certificates, the County Council giving monetary recognition by way of extra pay as an incentive to qualification.

### HEALTH EDUCATION.

I have given the Health Education programme for the Division as a whole this year, to give you a better overall picture. What is on offer to one area is, of course, equally on offer throughout the area. I refer in particular to the school programme in Stocksbridge.

### CLINICS.

General Health Education activities were carried out in most clinics, following in the main the pattern of a monthly programme. Group discussions included hygiene, development of the baby, care of teeth, feet, home safety and diet, current topics, e.g. drug taking, sex education, etc., the usual media of filmstrips, sound films, up-to-date posters and distribution of leaflets used in an endeavour to teach the general public an approach to good, healthy living.



Health Visitors continue to discuss prophylaxis on every possible occasion, during the individual interview at clinics or during home visits. The number of mothers attending group discussion varies, according to the size of the clinic involved.

#### CHILD WELFARE CENTRES.

Name and Address of Centre. Name of Doctor and Nurse in attendance.	Day and Time of sessions.	Total number of attendances during the year.	
PENISTONE Shrewsbury Road.  Dr. J.M. Clarke Mrs. D. Gibson Mrs. H. Dransfield	Monday p.m.	Number who attended for first time during 1969.	Children up to 5 years.
		397	2,106
CAWTHORNE (This clinic is now held Golf House. at Parish Hall, Church Street) Dr. A.S. Nutt Dr. J.M. Clarke Mrs. D. Gibson	Alternate Wednesdays p.m.	62	285
MOBILE CLINIC - MILLHOUSE GREEN Dr. M.R. McGinty Mrs. H. Dransfield	Alternate Thursdays a.m.	120	426
MOBILE CLINIC - THURGOLAND Dr. M.R. McGinty Mrs. D. Gibson	Alternate Thursdays p.m.	81	386

Other Clinics held at Shrewsbury Road include :-

Ophthalmological; Ante-natal Relaxation Classes;  
Chiropody; Speech Therapy.

An Ante-natal Clinic is held at Shrewsbury Road Clinic every Tuesday. The general practitioners in Penistone attend alternate weeks, with the exception of the fifth Tuesday. The Midwives attend the clinics each week, and occasionally the Health Visitor is also present.

#### EYE CLINIC.

Sessions for patients residing in the Penistone district (both Urban and Rural areas) are held in the Shrewsbury Road Clinic one half-day or full day, on Tuesday, as the need arises. The list of children requiring examination is supplied to the Consultant Ophthalmologist, who attends personally to see those children. All but a very few are referred to him by School Medical Officers. During 1969 there were 177 attendances, of which 48 were new cases. Spectacles were provided in 62 instances.

#### HEALTH VISITING SERVICE.

During the year 1969 there were no changes within the Health Visiting Staff. Working in close co-operation with the general practitioners for the area the Health Visitor is actively engaged in helping to resolve family problems; she is concerned with health teaching, in visiting the very young babies, and in

giving advice and help to the elderly. With her background knowledge of social problems she is able to call upon other agencies quickly, to benefit those families in special need.

The Health Visitors visited 1,063 new cases. There were, in addition to these, a number of visits made by Health Visitors outside this Division, this being caused by the attachment of staff.

The Health Visiting Staff as at 31st December, 1969 :-

<u>Name.</u>	<u>Address.</u>	<u>Telephone No.</u>
Mrs. H. Dransfield.	"Casamia", Moored Lane, Silkstone Common, Barnsley.	Silkstone 302.
Mrs. D. Gibson.	Blacker House, 133, Blacker Road, Mapplewell, Barnsley.	Darton 2100.

#### HOME NURSING SERVICE.

During the year there were no changes in the home nursing field, relief duties provided by Mrs. Harding when necessary. The Home Nurse undertakes nursing care within the domiciliary field, in addition to the giving of injections, general nursing procedures and pre-operative preparation of patients requiring hospital; she attends the general practitioners' surgeries and, where necessary, arranges a programme for patients to attend surgery for treatments, e.g. dressings, injections, etc. In addition, she is actively engaged in the rehabilitation of the handicapped and geriatric patients. Incontinent sheets and pads, nursing aids and equipment, are made available under the County Loan Scheme.

During the year the number of new cases visited was 189, and the total visits paid was 7,226. Both areas (Rural and Urban) are included in these figures.

The staff as at 31st December, 1969 :-

<u>Name.</u>	<u>Address.</u>	<u>Telephone No.</u>
Mrs. M.E. Henderson.	6, Greno' View, Hood Green, Stainborough.	Silkstone 293.
Mrs. J.M. Snell.	3, Windmill Lane, Thurlstone.	Penistone 2451.

#### MIDWIFERY SERVICE.

During the year the Midwifery Staff remained the same, although it was necessary to cover the area because of the continued sickness of one member of the staff. The Midwives attend Ante-natal Clinics held in the general practitioners' surgery and the Local Health Authority Clinic. In addition, Ante-natal and Relaxation Classes are held, when filmstrips, sound films and visual aids are used, to prepare the expectant mother for her forthcoming confinement.

During 1969 the Midwives attended 15 cases as Midwives and 27 cases as Maternity Nurses. In 25 cases Pethidine was administered, and in 9 cases Trilene Analgesia was used.

The Midwives available as at 31st December, 1969 :-

<u>Name.</u>	<u>Address.</u>	<u>Telephone No.</u>
Mrs. D.S. Bowe.	"Plevna", Silkstone Common.	Silkstone 552.
Miss K. Sykes.	34, Victoria Street, Penistone.	Penistone 2267.



### DOMESTIC HELP SERVICE.

There were 7,235 domestic help hours provided in the district during 1969, compared with 6,902 in 1968. In all, 13 Domestic Helps were employed in 51 homes. There were 38 cases continuing from 1968, and the following table explains the type of cases involved :-

General cases, 65 years and over	...	49
General cases under 65 years	...	2
Mentally ill under 65 years	...	-
Maternity cases	...	-
Others	...	-
		<hr/> 51 <hr/>

One shudders to think what the pressure on the hospitals for the elderly would be without this service. The very old would lose heart and would not trouble to cook for themselves, or even to light a fire in winter. We have seen this happen where the need for supporting services has emerged too late. In many instances the only solution has been for the patient to go into a home for the elderly or into hospital.

### HEALTH EDUCATION.

Health Education programmes in this Division are carried out in the clinics, schools and during the home visits. The Health Visitors continue to promote a consciousness within the community of the necessity for good, healthy living. All staff are agreed that we are fortunate in having such a wonderful display of up-to-date materials, films and filmstrips available from the County Health Education Department. It is now very common for the general practitioners in the area to contact the Health Visitor, Midwife or Home Nurse, with regard to the provision of attractive posters to display within the surgery. The poison berries and poison fungi posters are extremely useful and much appreciated.

### SCHOOLS.

Regular weekly visits were paid to Stocksbridge Secondary School by the Health Visitor, Health Education being given to two groups (girls aged 12 - 13 and 14 - 15 years), the usual maximum period being of a six weeks duration. These lectures are very much appreciated, and are now an established part of the school curriculum. The programmes were as follows :-

- (1) Personal hygiene.
- (2) Baby care.
- (3) Development of a child (mental and physical).
- (4) Infant feeding.
- (5) Hygiene in the home.
- (6) Infectious diseases, including venereal disease.
- (7) Home safety.

In addition, the girls of the senior class attend the Child Welfare Centre, in small groups, in order to see the benefits of a Well Baby Clinic.

### YOUNG WIVES GROUPS.

There are several Young Wives Groups, attached to different religious denominations within the Division, and Health Visitors have been asked to visit to give talks on the work of the Health Visitor, drug taking, etc. It is at these meetings that the question of Cervical Cytology and its value is discussed, and through this media it is found that many of the women within the area arrange either to attend for a smear to be taken by their own general practitioner or at the Local Health Authority Clinic.



### OTHER HEALTH EDUCATION ACTIVITIES.

During the year Health Visitors attended Home Safety classes, local trades fairs, and in the main arranged small displays on the dangers of poisons and drugs to the community.

### RELAXATION AND MOTHERCRAFT CLASSES.

Although the Midwives are responsible for the instruction in relaxation and general mothercraft, the Health Visitors attend at least once a month and usually deal with the work of the Health Visitors and the prophylaxis available for babies and young children.

These classes are held in the Child Welfare Centre at Shrewsbury Road. The relaxation exercises are generally held to be beneficial. In addition to this, it allows a number of expectant mothers to meet and discuss with each other their various trials and tribulations. There is no doubt that this is an example of a worry shared being a worry halved. The Health Visitor also talks to the mothers during these meetings about the general care of their babies and the value of immunisation.

### CHILD WELFARE CLINICS.

These are held weekly (Monday) at Shrewsbury Road, and each alternate Wednesday at the Parish Hall, Church Street, Cawthorne. These days we are asking the Health Visitor to take a more and more important role in the Baby Clinic, e.g. most of the immunisation is now done by the Health Visitor, and with the current shortage of medical staff this has been an enormous help. The Medical Officer now sees those children who are referred by the Health Visitor.

The Mobile Child Welfare Clinic visits Millhouse Green and Thurgoland each alternate Thursday, where the services afforded to the public are the same as those at the static clinics.

As always, those ladies who come voluntarily to help at the Child Welfare Clinics provide a most valuable service, and we all appreciate their efforts very much.

### HOME SAFETY.

Penistone Urban District is most fortunate to have a very enterprising and active Home Safety Committee. Many official bodies - including my own department - are involved in this subject and attend the bi-monthly meetings. There is much scope for effort in this direction, and your Committee have worked exceedingly hard to supplement the efforts of the official bodies. The Committee received financial help from the County Council, and in addition they are provided with propaganda leaflets and any other media they request if this is available from the County Health Education Office at Wakefield.

### NATIONAL ASSISTANCE ACT, 1948.

There was no occasion to use the provisions of Section 47 of the National Assistance Act, 1948, or the Amendment Act, 1951, during the period under review.

### MENTAL HEALTH SERVICE.

With the trend for Mental Hospitals to adapt to the care of patients on a short-term basis, more and more people are being discharged to their own homes with the need for supportive care from the Mental Welfare Officers. The Psychiatric Out-patients' Clinic, which was such a success when introduced in this Divisional Office, continues to provide a much needed service to mentally disturbed patients, and it would appear that these people are quite prepared to attend a



Clinic or Health Centre, rather than return to the Out-patients' Department of the Mental Hospital.

With the opening of the Health Centre at Ecclesfield, the weekly Monday sessions previously held in this office are now undertaken in those premises. Both the Consultant Staff, the Mental Welfare Officers and not least the patients, appreciate the facilities which are offered. A total of 294 patients attended 42 clinic sessions during the year. The increase in patients does not necessarily reflect that there was more mental illness in the district; it is in keeping with the trend for earlier discharge of patients to their home environment, and thus requiring an increased need of supportive care. I am happy to report that there were no serious problems or delays in obtaining beds for patients who required hospital treatment.

A number of students who were training for a career as Mental Nurses visited the Division during the year, not only to observe the work of the Mental Welfare Officers, but to tour the Training Centre, and to get an insight into the work and problems involved with both the Junior Wing of the Training Centre and the Adult Workshops.

#### Admissions and Discharges - Mental Hospitals.

During 1969 there were five patients (2 male and 3 female) admitted to Middlewood Hospital, and one male patient was discharged, after-care being requested in this case.

#### Mental Subnormality.

The Friday morning Out-patient Clinics for subnormal patients continued during the year. A total of 16 juveniles were seen over the fourteen sessions. The clinic gives the opportunity for parents of severely handicapped children to discuss their main problems with the Consultant Psychiatrist. No difficulties were experienced in placing subnormal children in short-stay care hospital beds. This is a service which is of great help, and is much appreciated by parents as it enables them to have a holiday away from their children.

The Parent/Teachers' Association at the High Green Training Centre gave valuable help in organising a successful year of social activities.

#### Special Care Unit.

During the year this unit was taking in its maximum number of handicapped children, and apart from holidays, sickness, and other domestic problems, 11 children attended five days per week. At the beginning of the year there was a slight problem with transport, but this was quickly resolved, and is now functioning smoothly. The following statistics are of the mentally subnormal cases in the area.

#### Care and Guidance.

<u>16 years and over.</u>	<u>Male.</u>	<u>Female.</u>
In full employment ... ..	5	2
Fully employed and/or supervised at home ... ..	-	3
Attending Training Centre ... ..	4	2
Married and managing their own affairs ... ..	-	-
<u>Under 16 years.</u>		
Training Centre Junior Wing ... ..	1	-
Care Unit ... ..	1	-
Cot cases unable to attend Care Unit ... ..	-	1
	<u>11</u>	<u>8</u>

## DISTRIBUTION OF WELFARE FOODS.

The amount of Welfare Foods issued in Penistone Urban District during 1969 was as follows :-

National Dried Milk	...	...	402 tins
Cod Liver Oil	...	...	200 bottles
Vitamin A and D Tablets	...	...	86 (packets of 45)
Orange Juice	...	...	3,201 bottles.

These foods are issued at the following Centres throughout the Division on the days and times stated :-

<u>Address of Premises</u>	<u>Days</u>	<u>Times</u>
<u>STOCKSBRIDGE URBAN DISTRICT</u>		
Health Centre, Johnson Street, Stocksbridge.	Thursday	2.00 - 4.00 p.m.
Brightside & Carbrook Co-op. Society, Deepcar Branch, Manchester Road, Deepcar.	During shop hours	
<u>PENISTONE URBAN DISTRICT</u>		
Child Welfare Centre, Shrewsbury Road, Penistone.	Monday	2.00 - 4.00 p.m.
<u>PENISTONE RURAL DISTRICT</u>		
Child Welfare Centre, Parish Hall, Church Street, Cawthorne.	Alternate Thursdays	1.30 - 3.30 p.m.
P. & C. Sinclair, The Stores, Halifax Road, Thurgoland.	During shop hours	
<u>HOYLAND NETHER URBAN DISTRICT</u>		
Child Welfare Centre, Rockingham Youth Club, Sheffield Rd., Hoyland Common.	Thursday	2.00 - 4.00-p.m.
Child Welfare Centre, 2, West Street, Hoyland.		10.00 - 12.00 a.m.
	Tuesday	2.00 - 4.00 p.m.
<u>WORTLEY RURAL DISTRICT</u>		
Clinic, Zion Congregational Church, Langsett Road South, Oughtibridge.	Thursday	2.00 - 4.00 p.m.
Clinic, Memorial Hall, Worrall.	Alternate Tuesdays	2.00 - 4.00 p.m.
Child Welfare Centre, Greenhead Wesleyan Reform Chapel, Greenhead Lane, Chapeltown.		10.00 - 12.00 a.m.
	Wednesday	2.00 - 4.00 p.m.



<u>Address of Premises</u>	<u>Days</u>	<u>Times</u>
<u>WORTLEY RURAL DISTRICT (Cont'd.)</u>		
Clinic, Methodist Chapel, High Green.	Tuesday	2.00 - 4.00 p.m.
Health Centre, Mill Road, Ecclesfield.	Monday and Friday	2.00 - 4.00 p.m.
Clinic, Community Hall, Main Street, Grenoside.	Thursday	2.00 - 4.00 p.m.
Child Welfare Centre, Wharncliffe Silkstone Welfare Hall, Pilley Lane, Tannersley, Nr. Barnsley.	Alternate Mondays	2.00 - 4.00 p.m.
Health Centre, Uppergate Road, Stannington.	Wednesday	2.00 - 4.00 p.m.
Child Welfare Centre, Congregational Church, Loxley.	Alternate Tuesdays.	1.30 - 3.30 p.m.

## SANITARY CIRCUMSTANCES OF THE AREA.

(Prepared by Mr. D. Tutin)

### DWELLING HOUSES. 1969

Inspections under Housing Regulations	10
Reinspections under Housing Regulations	8
Inspections not under Housing Regulations	150
Reinspections not under Housing Regulations	130

### NUMBER OF VISITS TO :

Slaughterhouses	670
Butchers' Shops	10
Other Food Premises	52
Public conveniences	15
Market	220
Licensed premises	10
Refuse tips	80

### OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

Initial visits	3
Reinspections	20

### INSPECTIONS UNDER :

Petroleums Acts	11
Factories Acts	12

### INFECTIOUS DISEASES.

Primary visits	2
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### DRAINAGE.

New lengths inspected and tested	225
Drainage nuisances	21

### OTHER INSPECTIONS AND VISITS.

Rodent Control	52
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### NUISANCES, ETC. ON BOOKS, WITH NUMBER OF NOTICES SERVED.

Nuisances in hand, end of 1968	86
Nuisances found during 1969	53
Notices served, informal	53
Nuisances abated during 1969	44
Nuisances outstanding at end of 1969	95

### FOOD PREMISES.

The following food premises exist in the area :-

- 29 Grocers and General Dealers.
- 6 Confectioners and Sweet Shops.
- 3 Bakehouses.
- 1 Chicken Processing Factory.
- 6 Butchers.
- 3 Greengrocers.
- 2 Snack-bars.
- 6 Fried Fish Shops.
- 15 Licensed Premises.

Routine visits were made to these premises during the year and, where necessary, action was taken to correct any contravention of the relevant regulations.

## OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

The number of premises registered under the Act is as follows :-

- 3 Offices.
- 2 Banks.
- 27 Shops or other premises.

Routine inspections were carried out from time to time, and conditions were generally found to be satisfactory.

### MEAT INSPECTION.

9,814 animals were slaughtered during the year at the four slaughterhouses in the district, and a hundred per cent meat inspection was maintained. Some statistics regarding meat inspection are given in Appendix I to this report.

### INFECTIOUS DISEASES.

During the year all notified cases of infectious disease were visited, and the premises were disinfected if this was considered necessary.

### REFUSE COLLECTION AND DISPOSAL.

Following a small pilot scheme during the year, it was decided to start using paper sacks as bin liners for the storage of refuse on one estate of approximately 300 houses. This considerably reduced the collection time, and it is hoped the Council will agree to expanding the scheme in future years.

Conditions on the refuse tip continue to be satisfactory, though the time is now rapidly approaching when an alternative site will have to be found.

### RODENT CONTROL.

All complaints of rodent infestation during the year were investigated, and the necessary treatment carried out by the Council's own employees.

### HOUSING AND PROPERTY MANAGEMENT.

The total number of men employed on housing repairs is as follows :-

- 1 Chargehand/Joiner.
- 2 Joiners.
- 3 Bricklayers.
- 1 Plumber.
- 2 Bricklayer's labourers.
- 1 Plumber's labourer.

In addition to ordinary house repairs, 13 fireplace conversions were carried out by direct labour, and 147 Council houses were painted by contract. The total cost of housing repair work carried out during the year was £14,955.17s.4d.

### NEW HOUSES.

During the year 31 private houses and 70 Council houses were completed and 4 houses were closed. This brings the total number of houses in the district to 3,006.



SEWERS AND SEWAGE DISPOSAL WORKS.

During the early part of the year it became known that the Council's proposal for new sewage disposal works on land at Oxspring had been turned down following the public enquiry, and the Consultants are now preparing a scheme on an alternative site. Towards the end of the year work commenced on a new surface water sewer at Clarel Street and the renewal of one length of main sewer at Thurlstone Road.

Conditions at the Spring Vale sewage disposal works continue to be very difficult, and the situation has to be kept constantly under review so as to ensure that the effluent standard is maintained as high as possible under the circumstances.

CATTLE MARKET.

The table below shows the total number of animals passing through the market during the year. The figures in brackets indicate the numbers during the previous year.

	CATTLE	CALVES	SHEEP	PIGS	TOTAL
Dairy	35 (38)	- -	21 (35)	93 (102)	149 (175)
Fatstock	5458 (5846)	269 (380)	3726 (4931)	2280 (2447)	11733 (13604)
					<u>TOTAL</u> : 11882 (13779)





# A P P E N D I X 1

## MEAT AND FOOD INSPECTION.

YEAR 1969.

All animals whose slaughter was notified during the year have been inspected and those showing evidence of disease examined in detail.

The total weight of meat and offal condemned as unfit for human consumption was 8 tons. 10 cwt. 44 lbs.

	W. Marsden	G. Marsden	Helliwell	Hinchliff	Total
Cows	1343	-	-	35	1378
Other cattle	780	78	115	306	1279
Calves	10	-	4	51	65
Sheep	2472	11	142	646	3271
Pigs	3271	-	83	467	3821
<u>TOTAL</u>					<u>9814</u>

The following table shows the number of animals slaughtered and the percentage affected with tuberculosis :-

	Cows	Cattle Excluding Cows	Sheep & Lambs	Calves	Pigs
Number inspected	1378	1279	3271	65	3821
<u>All disease except tuberculosis</u>					
Whole carcasses condemned	4	3	19	8	4
Carcasses of which some part or organ was condemned	496	226	364	4	812
Percentage of carcasses affected with disease other than tuberculosis	36.2	17.0	11.7	18.4	21.3
<u>Tuberculosis only</u>					
Carcasses of which some part or organ was condemned	-	-	-	-	56
Percentage of carcasses affected with tuberculosis	-	-	-	-	1.4

Details of carcasses and part carcasses condemned are given below :-

<u>Class of Animal</u>	<u>Disease or Condition</u>
1 Carcase of Mutton	Decomposition
6 Carcases of Mutton	Poor and Oedematous
1 Carcase of Mutton	Ill bled
2 Carcases of Mutton	Extensive bruising
2 Carcases of Mutton	Septic pneumonia
1 Carcase of Mutton	Emaciated
1 Carcase of Mutton	Arthritis
2 Carcases of Mutton	Oedematous Emaciation
3 Carcases of Mutton	Moribund
3 Carcases of Veal	Joint Ill
1 Carcase of Veal	Umbilical pyaemia
2 Carcases of Veal	Ill bled
2 Carcases of Veal	Immature
2 Carcases of Beef	Septicaemia
1 Carcase of Beef	Multiple tumours
1 Carcase of Beef	Ill bled
1 Carcase of Beef	Johnes disease
1 Carcase of Beef	Pyaemia
1 Carcase of Beef	Toxaemia
1 Carcase of Pork	Septicaemia
1 Carcase of Pork	Ill Bled
1 Carcase of Pork	Emaciation
1 Carcase of Pook	Poor and Oedematous
1 Part carcase of Pork	Abscessed
2 Part carcasses of Beef	Extensive bruising
1 Part carcase of Beef	Toxaemia
2 Part carcasses of Mutton	Peritonitis
1 Part carcase of Mutton	Septicaemia
1 Part carcase of Mutton	Bruising
7 Part carcasses of Mutton	Arthritic condition

The following offals were condemned for various reasons too numerous to set out in detail :-

224 Sheep Lungs	15 Beast Stomachs
157 Sheep Livers	512 Beast Livers
21 Sheep Plucks	28 Beast Kidneys
1 Sheep Heart	3 Pig Hearts
36 Beast Udders	208 Pig Livers
13 Beast Heads	494 Pig Lungs
15 Beast Tongues	9 Pig Stomachs
15 Beast Hearts	27 Pig Intestines
12 Beast Intestines	1 Pig Spleen
7 Beast Spleens	28 Pig Heads
3 Beast Skirts	23 Pig Plucks
92 Beast Lungs	4 Calf Lungs
3 Beast Tails	



APPENDIX II

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

IN RESPECT OF THE YEAR 1969 FOR THE  
URBAN DISTRICT OF PENISTONE  
IN THE COUNTY OF YORKSHIRE.

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1961.

PART ONE OF THE ACT.

1. INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH (INCLUDING INSPECTIONS MADE BY THE PUBLIC HEALTH INSPECTORS).

Premises  (1)	Number of			
	Number on Register  (2)	Inspections  (3)	Written Notices  (4)	Occupiers Prosecuted  (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority.	1	3		
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	28	8		
(iii) Other premises in which Section 7 is enforced by the Local Authority (Excluding out 'workers' premises).	7	1		
	36	12		

2. Cases in which DEFECTS were found - NIL.







